

Introduction

1. The General Medical Council (GMC) has been invited by the Select Committee to submit evidence in relation to its ongoing inquiry into genomic medicine.
2. The GMC is the independent regulator for doctors in the UK. Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
3. The law gives the GMC four main functions:
 - a. Keeping up-to-date UK registers of qualified doctors
 - b. Fostering good medical practice in the UK
 - c. Promoting high standards of medical education in the UK
 - d. Dealing firmly and fairly with doctors practising in the UK whose fitness to practise is in doubt.
4. Given our current responsibilities for regulating medical education (see paragraphs 5 and 6 below) we have focussed our response on Question 1:

‘It has been suggested to us that engagement and education of health care professionals will be required to understand and interpret genetic tests. What is happening on the ground for training of medical students, doctors in primary and secondary care, and other healthcare professionals including nurses and clinical scientists?’

The current regulatory framework for medical education and training

5. At present, there are two competent authorities which together are responsible for regulating medical education and training in the UK, the GMC and the Post Graduate Medical Education and Training Board. The GMC sets generic standards and outcomes for basic medical education in the UK. This covers undergraduate education and the first year of training after graduation (the first year of the two year Foundation Programme). The PMETB is responsible for the second year of the Foundation programme and for postgraduate training leading to the award of a Certificate of Completion of Training, which is a necessary, although not a sufficient, requirement in order to be appointed as a GP or consultant. The detailed teaching of genomic medicine is likely to take place during postgraduate training in the relevant specialties (including general practice). These speciality standards are set out in curricula developed by the relevant medical Royal College and approved by PMETB.

Tomorrow’s Doctors

6. The GMC publishes *Tomorrow’s Doctors* which sets out the standards for undergraduate medical education in the UK. This was last published in 2003 and is currently under review. We will launch a consultation on the draft guidance towards the end of this year.

7. The current guidance states that doctors,

‘Must know about and understand normal and abnormal structure and function, including the natural history of human diseases, the body’s defence mechanisms, disease presentation and responses to illness. This will include an understanding of the genetic, social and environmental factors that determine disease and the response to treatment.’
8. It goes on to say that graduates must know about and understand,

‘The effective and safe use of medicines as a basis for prescribing, including side effects, harmful interactions, antibiotic resistance and genetic indicators of the appropriateness of drugs.’
9. The revised draft guidance for consultation says that graduates will be able to,

‘Apply biomedical [footnote: Biomedical is understood to include anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology] scientific principles, method and knowledge to medical practice.
 - a. Explain the scientific bases for common disease presentations.
 - b. Justify the selection of appropriate investigations for common clinical cases.
 - c. Explain the fundamental principles underlying such investigative techniques.
 - d. Select appropriate forms of management for common diseases and explain their modes of action from first principles.Demonstrate knowledge of drug actions and pharmacokinetics, drug side effects and interactions including effects on the population, such as the spread of antibiotic resistance.’

Merger of PMETB with the GMC

10. In February 2008, the Secretary of State announced that PMETB will be merged with the GMC. The decision follows a recommendation by Sir John Tooke in his report *Aspiring to Excellence: Findings and Final Recommendation of the Independent Inquiry into Modernising Medical Careers*. In his report, Sir John said that “PMETB should be assimilated in a regulatory structure within the GMC that oversees the continuum of undergraduate and postgraduate medical education and training, continuing professional development, quality assurance and enhancement.”
 11. The merger will be effected through secondary legislation and the Government is aiming to have completed the legislative process no later than April 2010 at which point PMETB’s powers will be transferred to the GMC. Medical education and training are not limited to particular phases of a doctor’s career: they should be continuous for so long as doctors are in practice. The merger reflects this and will deliver a clearer and simpler
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regulatory framework. It will also be a unique opportunity to take a strategic view of policy. To ensure that this happens Lord Naren Patel has been invited by the GMC, with support from PMETB, to lead a review to look to the longer-term opportunities and future challenges.

Conclusion

12. *Tomorrow's Doctors* requires that medical school curricula must ensure that medical students are introduced to the basic concepts that underlie genetics and genomic medicine. More detailed training is likely to take place at the postgraduate stage. The GMC will assume responsibility for regulating all stages of medical education and training following the merger of PMETB with the GMC.
